

## **ELECTRICAL SERVICE RECONNECT PERMIT APPLICATION**

Submit to: Electrical Inspection Division Coleman A. Young Municipal Center 2 Woodward Ave., Fourth Floor, Room 408 Detroit, MI 48226 (313) 224-3130 or (313) 628-2656 www.detroitmi.gov

treet Number Street Name		City		Stat	e	Zip Code				
Building Type		Type of Job:□		Has a Building Permit been obtained for this pr		for this project?	Chang	ge of Use:□		
□ Residential □ Commercial □ Ne		□New	□Alteration	□□Not R	□ Not Required □□ Yes □□ No		□Yes □ No			
ELECTRICAL CO	NTRA	CTOR I	NFORMAT	ION						
City of Detroit License or Registration Number:					Expiration Date:					
Name of Electrical Con	tractor					1				
Address					City					
State Zip Code	•		Telephone No.	(include are	ea code)					
Email Address										
Federal Employer ID N	o (or rea	son for exe	emption)		UIA Employer No. (	or reason for ex	emption)	<u> </u>		
	`			mention)	CIT Employer 110.					
Workers Compensation		`	or reason for exe	mpuon)						
Signature of Electrical Contractor:					Date:					
OWNER INFORM	ATION	N								
If Owner info	rmation	is the sa	ame as the Job	Location	above, please chec	k: □ Same	as Job I	ocation		
N.	If n	ot the sai	me information		fill out the informat					
Name					phone No. (include area	a code)				
Address				City		State	Zip Coo	le		

Make checks payable to: 7	Treasurer, City o	of Detroit	DO NOT WRITE IN THIS SPACE: FOR CLERICAL STAFF ONLY					
Total Fee:			Electrical Permit No.:					
BASE FEE DO	ES NOT AI	PPLY TO A	A PERMIT	CONTAINING ONLY PART B ITEMS				
ITE	M B3: ELEC	CTRICAL	SERVICE 1	RECONNECT INSPECTIONS				
Service	Fee	Number	r of Items	Total				
200 amps or less	\$60.00							
THE FOLLOWING	G REQUIRES	S THE SER	VICES OF A	LICENSED ELECTRICAL CONTRACTOR:				
Service	Fee	Number	r of Items	Total				
Over 200 amps to 400 amps	\$80.00							
Over 400 amps minimum	\$134.00							
Per Additional	\$134.00							
Hour, Inspection								
Time	ED. A GER	NUCE DEC	CANNEGT D	EDMIT IC EOD THE COLE BURDOCE OF				
				ERMIT IS FOR THE SOLE PURPOSE OF TILDING WITHOUT ANY ALTERATION(S				
				IT. ELECTRICAL WORK FOUND TO HAVI				
		E SERVIC	EE WILL A	AUTOMATICALLY VOID THIS SERVICE				
RECONNECT PERM	IIT.							
OWNER'S AFFID	AVIT:							
		and understa	and the abov	e statement. I will cooperate with the Electrica				
Inspector and assum	e the respons	sibility to ar	rrange for ne	cessary inspections.				
SIGNATURE OF OW	NER							
Subscribed and sworn to me before this				day of				
				20				
Notary Public, Wayn	ne County, M	Aichigan Co	ommission ex					

SIGNATURE OF NOTARY